Carver County Public Health

Community Health Improvement Plan 2020–2024

For the Health of All.

CARVER COUNTY

Public Health
Prevent. Promote. Protect.

Healthy Carver for a Lifetime

Contents

Background

Carver County is one of seven counties which comprise the Minneapolis-St. Paul metropolitan area. It is located on the western side of the metro, and while currently having the smallest population of the seven counties (about 106,000 residents), it is projected to be the fastest growing county over the next twenty years. The largest percentage of the population is concentrated in suburban communities on the eastern border, with the remaining residents live in ex-urban and rural communities to the west. Currently about 12% of the population are people of color, but this number has been growing and this trend is expected to accelerate with the anticipated rapid growth of the overall county population.

Every five years local public health departments in Minnesota are required to conduct a community health assessment (CHA) and develop a community health improvement plan (CHIP). The learnings acquired through the CHA inform the identification of priorities to be included in the CHIP. The process for completing a current CHA, and then developing an updated CHIP for Carver County, required 20 months of work by many engaged community members, as well as Carver County Public Health Department staff.

In the development of the 2020–2024 Carver County CHIP, a fresh approach was undertaken which first involved the completion of a very robust CHA. The CHA gathered both quantitative and qualitative information to obtain the most complete picture and understanding possible about the health issues and concerns of Carver County residents. This required us to look beyond the available morbidity, mortality, or health behavior data. We also examined the relationships, policies, community conditions, and institutional

decisions that affect people's ability to live a healthy life – both physically and mentally.

In the public health profession, taking a closer look at these and other "social determinates of health" is becoming more commonplace, as our agencies strive to improve their success in eliminating disparities in health status and health outcomes among different population groups within the same jurisdiction. This approach has us going beyond just discovering the differences among groups of people around specific health behaviors or health risk factors. It involves attaining a better understanding of the conditions that underlie unhealthy behaviors and are therefore contributing to an increased public health risk for some. It has become very evident that Including effective interventions to address these underlying conditions within a CHIP is vital if some of the health disparities are to be eliminated.

Introduction

Each year the Robert Wood Johnson Foundation (RWJF) ranks each U.S. county from the healthiest to the least healthy within every state, based upon health status and health outcome measures. For seven consecutive years Carver County has been ranked number one in Minnesota. However, like every jurisdiction, Carver County has health disparities among its residents, as not all of them are experiencing the same opportunities to attain their optimal level of health.

Historically, public health data has consistently shown a correlation of certain factors such as household income or education levels with health status and health outcomes. Carver County ranks first in Minnesota for median household income, as well as level of educational attainment. While these are likely two factors which contribute to the county's health ranking as the highest in the state, every county resident is not attaining the same level of education or income.

Some health disparities exist as a result of health inequities. The World Health Organization (WHO) states that equity exists when there is an absence of avoidable or remediable differences among groups of people, whether these groups are defined socially, economically, demographically, or geographically. Unfortunately, the United States has well-documented, significant and persistent disparities across populations defined by social class, race, ethnicity, ability and disability, gender, age, sexual orientation, or geography. If inequities exist among people within a jurisdiction, then everyone does not have a fair and just opportunity for health and well-being. The RWJF has a vision to build a culture of health in U.S. communities that enables everyone in our diverse society to lead healthier lives, now and for generations to come.

Carver County Public Health Advisory Council Values

Respect, Authenticity, Integrity, Action

Carver County Public Health Advisory Council Vision

Carver County is a safe and welcoming place where everyone belongs, all people are supported to be healthy throughout their lifespan, and everyone contributes to building a healthy, vibrant community.

Development of the 2020–2024 Carver County CHIP, as well as completion of the CHA, was guided by a group of 33 people that comprised a Public Health Advisory Council (PHAC). The PHAC members were intentionally recruited as a diverse, multi-sectorial group from throughout the county; recognizing that (a) each sector can directly or indirectly contribute to (or detract from) an optimal level of health for Carver County residents, and (b) the successful development and implementation of a CHIP must be community driven and community owned. A list of PHAC members is on the following page.

Early in the process, the PHAC developed a set of values statements, as well as a vision statement for their work that aligns with a culture of health. These statements reflect their commitment to attaining health equity for all Carver County residents by considering the social determinants of health, as well as their recognition that *health for all* is an essential aspect for the health and vitality of communities – and is linked to where people live, learn, work, shop, and play.

Carver County shares RWJF's vision to build a culture of health.

Concurrently with the development of the CHIP, Carver County Public Health developed an updated 2020–2024 department specific Strategic Plan. In addition, the department was selected by the Minnesota Department of Health (MDH) to participant in a cohort group of local public health departments in a health equity learning community. Together, these three initiatives resulted in synergistic conversations and the inclusion of complementary health equity initiatives for Carver County in both plans for 2020–2024.

Public Health Advisory Council Members

Dr. Jonathan Larson
Lakeview Clinic

Lynn Ayers
Waconia City Council

Shane Fineran
Watertown City Administrator

Melissa Brandts
Watertown-Mayer School District

Tara Cliff
ISD 112 Student Health Services

Sarah Urtel
Ridgeview Medical Center

Deanna Clemens
Watertown Parks Commission

Barbara Brooks
Waconia Senior Center

Healther Jarvis
Watertown Chiropractic

Greg Boe
Carver County Environmental Services

Mayan Nunow
ISD 112 parent

Virma Behnke
ISD 112 Intercultural Specialist

Khambay Sivongsay
ISD 112 Intercultural Specialist

Corey Magstadt
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Miarri Kennedy
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Brian Esch
Carver County HHS

Jeff Filipek
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Jackie Johnston
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Carver County Libraries

Tamara Severtson
St. Francis Medical Center

Todd Hoffman
Chanhassen Parks & Recreation

Jason Kamerud
Carver County Sherriff

Jennifer Romero
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Darel Radde
Ridgeview EMD

Julie Janke
Chaska Police Department

Laura Reid
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Sara Eishens
ISD 110 Student Health Services

Laura Helmer
Beacon Collaborative

Dan Turzinski
The RAK

Russel St. John
Love INC

Montserrat Sawvel
Waconia Schools

Ann Fuller
Carver County HHS

Process and Partners

Completion of the CHA and development of the CHIP by the Carver County PHAC was done by following the Mobilizing for Action through Planning and Partnerships process (MAPP), provided by the National Association of County and City Health Officials (NACCHO). This process provides a framework for conducting a community-wide strategic planning process to improve public health. It provides guidance for a community to prioritize the identified health related issues, gather and coordinate shared resources to address the priorities, and take action to improve conditions that support healthy living.

The MAPP process consists of six phases:

1. **Organize for Success/Partnership Development.** In Carver County this involved recruitment of the PHAC membership, which met every other month for 18 months at multiple community locations across the county. A small group of five PHAC members comprised the Executive Committee of the Council, which met prior to and in preparation for each of the PHAC meetings.
2. **Visioning.** This is where the PHAC worked together to develop their values statements and a vision statement that would guide their work in conducting the CHA and developing the CHIP.
3. **MAPP Assessments.** This is where the comprehensive six-month long CHA occurred (August 2018 to February 2019), to provide a picture of the health status of the community, through the gathering of qualitative and quantitative data. In Carver County this included the following methods of information gathering.
    - Community Adult Health Survey – a scientific random sample mail survey which asked about individual health conditions and behaviors, as well as perceptions about the seriousness of a long list of potential health issues. In addition to demographic measures, the data could be separated by residents of the western portion of the county compared to the eastern portion. The survey was conducted in partnership with Ridgeview Medical Center as part of their community health needs assessment.
    - Opinion Survey – a convenience sample of residents across the county on their perceptions about the seriousness of an abbreviated list of potential health issues (from the community adult health survey).
    - Health Equity Data Analysis (HEDA) – as part of the Carver County Public Health Department's Statewide Health Improvement Partnership work (SHIP), focus groups were conducted to examine issues around mental health and income.
    - Local Public Health System Analysis – for those working to deliver the Ten Essential Public Health Services (the Carver County Public Health Department and other local agencies), this is a self-assessment of how well these services are currently being delivered in the county.
    - Forces of Change – focus groups and one-on-one interviews were conducted to hear from local people, from a variety of backgrounds and community sectors, about their perspectives on what local, regional, state, national, or international trends, factors or events are either contributing to or inhibiting optimal health for Carver County residents.
    - Community Conversations – a series of three gatherings over an evening meal, with an emphasis on attracting community members whose voices are not often heard, to discuss what is contributing to or inhibiting optimal health for them or their families.
4. **Identifying Strategic Priority Issues.** Following an analysis of the CHA data, underlying themes were discovered and priorities were determined. These are the issues which the community felt must and can be addressed by them, thereby contributing to the fulfillment of the PHAC vision.
5. **Formulate Goals and Strategies.** The PHAC formulated at least one goal for each of the priority issues, and at least one strategy to be implemented to support the achievement of each goal.
6. **Action Cycle.** SMART objectives (specific, measurable, achievable, realistic, time bound) were developed for each strategy, which states the actions to be taken during the 2020–2024 CHIP timeframe, as well as how the success of these action plans will be evaluated.

Community Health Assessment Data

Five primary themes were identified across the different assessments conducted through the CHA process (see #3 above).

- **Affordability –** adequate finances available to fulfill needs, including physical and mental health care for self and family, as well as other needs that impact health like food, housing, childcare, etc.
- **Transportation –** by all modes and for many purposes, including personal vehicles, mass transit, ride share, walking and biking. The ability to have reliable and affordable options for travel to meet one's needs for work, healthcare, shopping, recreation, and more impacts health.
- **Housing –** that meets a broad range of needs, which can change over one's lifespan. Having safe, stable housing which both meets a person's needs and is affordable for them, is foundational to their opportunity to be healthy.
- **Communicating –** encompassing awareness, enlightenment, and understanding. Are people and organizations knowledgeable about available resources? Have we learned about our differences and our similarities? We need consistent, connected, culturally relevant communication and resources to support health. If miscommunications are occurring, it may be a barrier to health.
- **Mental and Physical Well-being –** carrying out one's daily activities, having fulfilling relationships, contributing, and being resilient. Opportunities to have social and physical environments that support all of these to occur, impacts our health.

The Minnesota Department of Health developed a fresh approach for organizing the 2017 Statewide Health Assessment information into four categories. Carver County chose to use these same categories for its local CHA findings:

- **People –** describes who lives in Carver County and who will be living here in the future.
- **Opportunity –** the opportunities which people have throughout their lives.
- **Nature –** connections and interactions with the natural environment, including water, land and air.
- **Belonging –** social inclusion or exclusion, as well as community connections, throughout one's life.

The five themes from the CHA can overlap each other – both within and across these four categories – resulting in (a) complementary opportunities that optimize health, or (b) compounding challenges that inhibit health. The full Carver County CHA report, as well as an executive summary of the report, a summary data snapshot, and specific health topic data profiles, can be accessed at https://www.co.carver.mn.us/departments/health-human-services/public-health/about-us/community-health-assessment

While the next required CHA is not due until early 2025, the Carver County Public Health Department will continue to monitor existing quantitative data sources regarding the health of its residents, and also implement additional qualitative health measures, to better understand and address health disparities.

Priority Issues

The PHAC reviewed the CHA result at its March 14, 2019 meeting, in preparation for the May 2nd meeting where they were to determine the 2020–2024 CHIP Priority Issues. In selecting the issues, the PHAC decided, in accordance with the MAPP process, not to identify specific health conditions as the priorities, but rather identify issues that represent underlying factors that facilitate or hinder (a) potential improvement in multiple health conditions (now or in the future) and (b) progress toward fulfillment of the PHAC's vision. Furthermore, the PHAC utilized the following guiding principles in identifying the priority issues:

- Informed by the complete set of assessment results.
- A re-statement of the themes from the assessment results, written as questions to be answered.
- Intentionally broad to allow for the development of strategic activities; as opposed to relying on the status quo, familiar, or easy activities.
- The foundation of the CHIP, while also allowing for the alignment of the CHIP with the mission and interests of the many community partners who are part of the larger local public health system.

At the May 2nd PHAC meeting, members worked in small groups to develop proposed priority issues (no more than four) which they felt should be the focus of the CHIP, to address underlying conditions that either:

- Challenge people's health and should therefore be reduced, or
- Provide opportunities to support people's health and should therefore be maintained or expanded

Each small group then reported to the larger group their proposed priority issues, which included duplicates being removed and those which were similar being combined. In order to obtain a final set of 3–4 CHIP priority issues, a prioritization matrix scoring technique was used. Each PHAC member provided a score based upon the following criteria (scores for any issue could range from 0 to 5).

Size: How many people are affected?	If you feel the issue affects many people = 1 If you do not feel this way = 0
Equity: Are some groups affected more?	If you feel the issue can help reduce existing inequities = 1 If you do not feel this way = 0
Seriousness: What are the consequences?	If you feel NOT addressing the issue will either result in significant consequences or missed opportunities = 1 If you do not feel this way = 0
Trends: Is it getting better or worse?	If you feel that the issue is important to address to either (a) slow a worsening trend or (b) capitalize on an improving trend = 1 If you do not feel this way = 0
Values: Does the community care about it?	If you feel that this is an issue that the community cares about = 1 If you do not feel this way = 0

Based upon the reporting of individual scores for each of the potential priority issues, an average score was calculated, resulting in the following four priority issues for the 2020–2024 Carver County CHIP:

Priority Issue 1: How do we ensure that everyone in Carver County has equitable opportunities to live and work in our communities, and feel that they belong, because of actions taken around the critical elements that create health?

- These actions include social and cultural changes to ensure a welcoming, safe, inclusive, equitable community that creates optimal physical and mental health for all.
- Those critical elements include the social determinants of health such as housing, transportation, food, healthcare, and more.

Priority Issue 2: How can systems be improved so the entire community can easily access and utilize all the culturally responsive resources and services which promote well-being?

- The notion of improving systems to better serve the community encompasses a range of communications related issues, including greater awareness, enlightenment, and understanding among and between both people and agencies.
- The desired outcome from system improvements is to have (a) resources and services that are genuinely culturally responsive, (b) cross-agency awareness of how to facilitate seamless access and coordination of needed resources and services, and (c) a heightened level of awareness and acceptance, a deeper understanding, and a greater appreciation of both the differences and similarities which exist among the people that the agencies are working to serve.

Priority Issue 3: How can we better support children and families to reduce exposure to, and impact from, adverse and traumatic experiences?

- Do we need to change our established models of care and services, so they are better aligned to meet the needs of children who have some history of adverse experiences in their lives?
- Do we need to do the same for adults in need of our programs, resources, and services to better account for those who have had or are experiencing trauma in their lives?

Priority Issue 4: How do we identify, address, and implement policy and practice changes that affect the underlying conditions around substance use?

- Do we know and understand (a) the underlying root cause conditions that are leading people to use substances (nicotine, alcohol, illicit drugs, misuse of prescription drugs), as well as (b) the policy and practice changes which can effectively address these underlying conditions and thereby reduce use?
- Are some of the underlying conditions around substance use the same as some of the social determinants of health that are contributing to other situations of diminished physical or mental health?

While these priority issues were developed with a focus on addressing the identified health needs of Carver County residents, many of them are in alignment with the priorities of the *Healthy Minnesota Statewide Health Improvement Framework,* including (a) the opportunity to be healthy is available everywhere and for everyone, (b) places and systems are designed for health and well-being, (c) everyone can participate in decisions that shape health and well-being. It also aligns with portions of the *National Prevention Strategy,* including (1) healthy and safe environments, and (2) elimination of health disparities.

Goals and Strategies

The PHAC met on July 11, 2019 to develop goals and strategies for each of the four identified priority issues of the CHIP. Members worked in small groups based upon their interest in each of the priority issues. Each of the small groups were given a set of draft goals and strategies as a starting point for discussion. Those that were initially developed used sources such as RWJF's *What Works for Health.* The small groups modified or replaced them as they desired, asking questions such as:

- What past action has been taken around the issue?
- Are we comfortable that if this goal is achieved, it will help answer the question raised in the issue?
- Are we comfortable that the strategy will help fulfill the goal?
- What organizations or individuals should be involved in the implementation of the strategy?

Once each small group had a set of goals and strategies for their priority issue ready for presentation to the full PHAC, this larger group reviewed what was presented for their consideration and asked these types of questions:

- What is lacking in Carver County, or may be a threat or barrier to achievement of the goal?
- What are the strengths and opportunities in Carver County to successfully implement the strategy?

The full PHAC completed the formation of goals and strategies for each of the four priority issues by asking:

- Do the words resonate and are they understandable for our community?
- Does the planned scope of work for 2020–2024 feel right to move Carver County towards fulfilling the PHAC vision?

Below are the Goals and Strategies developed by the PHAC for each of the 4 Priority Issues.

Some strategies are the same across goal areas, and sometimes even across different priority issues.

Priority Issue 1: How do we ensure that everyone in Carver County has equitable opportunities to live and work in our communities, and feel that they belong, because of actions taken around the critical elements that create health?

Goal 1.1 Make well-being a shared value by having conversations in the community about how health starts in our families; in our schools and workplaces; in our playgrounds and parks; and in the air we breathe and the water we drink.

> **Strategy 1.1.1** Host community conversations that welcome those who are normally left out of community decision making, with the goal of creating a sense of belonging and closing gaps across differences.
>
> **Strategy 1.1.2** Provide leadership training to organizations staff and decision makers, the business community, and other community leaders to encourage ongoing conversations around what creates well-being in the community.

Goal 1.2 Organizations will work together to meet the housing needs and services of all residents.

> **Strategy 1.2.1** Support local efforts around housing, especially informing, educating, and engaging the community around housing needs.
>
> **Strategy 1.2.2** Identify and support those communities that want to provide more housing opportunities.

Goal 1.3 Create relationships with the transportation sector to address the needs of the community, especially those who do not have access to personal vehicles.

> **Strategy 1.3.1** Support local efforts around transportation, especially those that inform, educate, and engage the population.

Priority Issue 2: How can systems be improved so the entire community can easily access and utilize all the culturally responsive resources and services which promote well-being?

Goal 2.1 Create a deeper understanding and appreciation within community organizations and businesses, for both differences and similarities, among the people they are working to serve.

> **Strategy 2.1.1** Provide opportunities for interactive training, education, and connections between people to improve access to resources across community organizations, which address both institutional and individual bias.

Goal 2.2 Improve cross-organization communication and collaboration to better serve the community.

> **Strategy 2.2.1** Establish an ongoing committee that ensures coordinated communication among providers of resources and services, focused on the intended recipients.

Goal 2.3 Ensure that resources and services created for the community are genuinely responsive to people of all cultures and languages, including the prevention and reduction of children's exposure to adverse and traumatic experiences, as well as a care delivery model that better meets the needs of children and adults with a history of these experiences.

> **Strategy 2.3.1** Develop and implement an approach to care delivery in organizations that recognizes, understands, and responds to all types of trauma.
>
> **Strategy 2.3.2** Consider factors of culture, health literacy, language, internet access, and media exposure when developing all forms of communication.
>
> **Strategy 2.3.3** Intentional engagement of the community to create a feedback loop that ensures that the goal is being met.

Priority Issue 3: How can we better support children and families to reduce exposure to, and impact from, adverse and traumatic experiences?

Goal 3.1 Implement measures to prevent and reduce children's exposure to adverse and traumatic experiences.

> **Strategy 3.1.1** Establish an ongoing committee that ensures coordinated communication among providers of resources and services focused on the intended recipients.
>
> **Strategy 3.1.2** Develop and implement an approach to care delivery in organizations that recognizes, understands, and responds to all types of trauma.
>
> **Strategy 3.1.3** Offer training, education, and access to resources across community sectors and agencies around the social determinants of health that are associated with mental health and youth substance use.

Goal 3.2 Update established care delivery models, programs, and services so they can better meet the needs of children and adults who are experiencing, or have a history of, trauma.

> **Strategy 3.2.1** Develop and implement an approach to care delivery in organizations that recognizes, understands, and responds to all types of trauma.
>
> **Strategy 3.2.2** Establish an ongoing committee that ensures coordinated communication among providers of resources and services, focused on the intended recipients.

Priority Issue 4: How do we identify, address, and implement policy and practice changes that affect the underlying conditions around substance use?

Goal 4.1 Create a deeper understanding and appreciation for the underlying conditions around substance use, especially for nicotine and prescription drugs.

> **Strategy 4.1.1** Offer training, education, and access to resources across community sectors and agencies around the social determinants of health that are associated with mental health and youth substance use.

Goal 4.2 Adopt and implement effective policy and practice changes that address the underlying conditions of substance use.

> **Strategy 4.2.1** Engage in conversations to identify policy and practice changes to be made by decision makers within agencies, organizations, and institutions.

Objectives, Action Steps and Output Measures

In the next phase of the CHIP development by the PHAC, members were asked to develop at least one SMART objective for each strategy. These objectives were written in a manner that provided some specific action steps that would be taken in support of the strategy, but also to serve as an ***output*** measure for the evaluation portion of the CHIP. **Some of the objectives are identical for different strategies, even across priority issues or goals.** Below are the objectives for each of the strategies.

Priority Issue 1

Strategy 1.1.1

Objective 1.1.1a – By July 1, 2020 at least three organizations that are already working to bridge the gaps across differences will have been identified as those who may be able to facilitate community conversations and leverage the strength of their work for a broader impact.

Objective 1.1.1b – By January 1, 2021 at least one inclusive community conversation encouraging connectiveness and interaction will have been held in no less than six municipalities, to discuss challenges and solutions that can be addressed together.

Objective 1.1.1c – By July 1, 2021 at least three communities will provide training on issues surrounding bias and inclusiveness, which includes community leaders.

Objective 1.1.1d – By May 1, 2021 at least three community celebrations and festivals will have been intentionally planned to embrace the diversity of the community and support inclusiveness through art, music, culture, and food

Strategy 1.1.2

Objective 1.1.2a – By April 1, 2020 connections will have been made with leaders that represent the breadth of diverse cultures and needs, who can then speak with other community leaders about creating well-being for everyone.

Objective 1.1.2b – By July 1, 2020 discussions will have been initiated among community leaders to plan trainings for others around the issue of creating well-being for everyone.

Objective 1.1.2c – By January 1, 2021 at least one training session will have been conducted about what creates well-being for all in a community.

Strategy 1.2.1

Objective 1.2.1a – By February 1, 2020 members will be identified for an action committee that will work to support local efforts.

Objective 1.2.1b – By July 1, 2020 the action committee will have created clear and transparent messaging to demystify housing needs and reframe the narrative, to obtain community support around the value of fulfilling those needs.

Objective 1.2.1c – By July 1, 2020 the action committee will have prepared itself with information to respond to any opposition or obstacles to meeting the housing needs of all residents, focusing beyond just the individual in meeting those needs.

Objective 1.2.1d – By July 1, 2020 the action committee will have learned from at least three other groups about what they are doing to engage their community members, and the strengths and weaknesses of their approaches.

Objective 1.2.1e – By July 1, 2020 the action committee will have begun education in at least two communities on what is encompassed within the concept of homelessness.

Objective 1.2.1f – By July 1, 2020 the action committee will have identified at least six personal stories to aid in educating the community about housing needs, to include the human element of individuals experiencing a variety of unfulfilled housing needs.

Strategy 1.2.2

Objective 1.2.2a – By January 1, 2021 will have begun to identify the housing needs of at least three specific populations, as well as appropriate local communities that can fulfill those needs.

Objective 1.2.2b – By January 1, 2021 will have begun connecting these communities with developers who can fill the gap in providing local housing opportunities for each of the identified population groups.

Strategy 1.3.1

Objective 1.3.1a – By January 1, 2021 all appropriate Carver County department heads will have communicated with the county board of commissioners about the need for transportation access for all residents.

Objective 1.3.1b – By January 1, 2022 a countywide transportation needs study, which goes beyond roads and bridges to focus on public transportation access

and active transportation options, will be completed with results from significant community engagement, as well as collaboration among all transportation partners.

Objective 1.3.1c – By January 1, 2024 the needs study will have resulted in at least one policy, funding, or plan change at the city and county level to improve transportation access for the public.

Priority Issue 2

Strategy 2.1.1

Objective 2.1.1a – By July 1, 2020 begin to offer opportunities for members of community organizations, agencies and businesses to utilize tools which assess individual bias to increase self-awareness around issues of staff hiring, volunteer recruitment, and leadership development.

Objective 2.1.1b – By January 1, 2021 begin to offer opportunities for members of community organizations, agencies and businesses for education, training, conversation, and sharing on diversity and inclusion, to improve access to resources for all people that they strive to serve.

Objective 2.1.1c – By July 1, 2021 community organizations, agencies and businesses begin to offer resources in a more coordinated, inclusive manner, which celebrates different cultures at events such as Night to Unite, County Fair, farmers markets, community celebrations and festivals, etc.

Strategy 2.2.1

Objective 2.2.1a – By April 1, 2020 complete research on best practices for collaborative county-wide communication and compile a list of successful models.

Objective 2.2.1b – By July 1, 2020 convene a committee of resource and service provider communications staff to develop the case for why alignment of resources through cross-organization communication is important for maximizing benefits for residents, and to decide upon a recommended model for implementation.

Objective 2.2.1c – By November 1, 2020 convene community leaders to outline the resource and service needs of residents, along with how the recommended cross-organization communications model can better meet those needs, to obtain their support for implementation of the model.

Strategy 2.3.1

Objective 2.3.1a – By March 1, 2020 a work group will be formed to lead the coordination of work associated with this strategy.

Objective 2.3.1b – By January 1, 2021 at least 25% of organizations providing care will have provided training and education of staff to create a broader understanding of the concept of “trauma informed.”

Objective 2.3.1c – By January 1, 2022 research will be completed around effective models for delivery of trauma informed care, based upon the setting where services and resources are being delivered by organizations.

Objective 2.3.1d – By January 1, 2024 at least 25% of organizations providing care will have adopted at least one policy and/or procedure which is trauma informed.

Strategy 2.3.2

Objective 2.3.2a – By January 1, 2021 a countywide communications network will be established to share ideas, resources and best practices, as well as to ask questions and provide feedback with each other, in serving the different needs of our community.

Objective 2.3.2b – By January 1, 2022 the network will have identified gaps and barriers in their shared desire for effective communication with all residents, as well as solutions to these challenges.

Strategy 2.3.3

Objective 2.3.3a – By January 1, 2022 training will have been provided to at least 3 organizations on models for evaluating the responsiveness of an organization’s resources and services to the variety of community needs.

Objective 2.3.3b – By January 1, 2023 training will have been provided to at least 5 organizations on the models for evaluating the responsiveness of an organization’s resources and services, to the variety of community needs they are working to serve.

Objective 2.3.3c – By January 1, 2024 training will have been provided to at least 10 organizations on models for evaluating the responsiveness of an organization’s resources and services to the variety of community needs.

Priority Issue 3

Strategy 3.1.1

Objective 3.1.1a – By April 1, 2020 complete research on best practices for collaborative county-wide communication and compile a list of successful models.

Objective 3.1.1b – By July 1, 2020 convene a committee of resource and service provider communications staff to develop the case for why alignment of resources through cross-organization communication is important for maximizing benefits for residents, and to decide upon a recommended model for implementation.

Objective 3.1.1c – By November 1, 2020 convene community leaders to outline the resource and service needs of residents, along with how the recommended cross-organization communications model can better meet those needs, to obtain their support for implementation of the model.

Strategy 3.1.2

Objective 3.1.2a – By March 1, 2020 a work group will be formed to lead the coordination of work associated with this strategy.

Objective 3.1.2b – By January 1, 2021 at least 25% of organizations providing care will have provided training and education of staff to create a broader understanding of the concept of "trauma informed."

Objective 3.1.2c – By January 1, 2022 research will be completed around effective models for delivery of trauma informed care, based upon the setting where services and resources are being delivered by organizations.

Objective 3.1.2d – By January 1, 2024 at least 25% of organizations providing care will have adopted at least one policy and/or procedure which is trauma informed.

Strategy 3.1.3

Objective 3.1.3a – By March 1, 2020 begin offering education for school staff and parents on the misuse of prescription drugs, as well as the use of nicotine (both tobacco and vaping products), and the potential association with social determinants of health and/or mental health.

Objective 3.1.3b – By July 1, 2020 begin facilitation of conversations with critical partners concerning a requirement for identified underage users of tobacco products and vaping devices to attend an educational diversion class.

Objective 3.1.3c – By September 1, 2020 begin to offer education for teachers, parents and students about mental health, including the availability of mental health services, resources for patients and families, and emergency holds, as well as the role and relationship of prescription drugs and other substance use.

Strategy 3.2.1

Objective 3.2.1a – By March 1, 2020 a work group will be formed to lead the coordination of work associated with this strategy.

Objective 3.21b – By January 1, 2021 at least 25% of organizations providing care will have provided training and education of staff to create a broader understanding of the concept of "trauma informed."

Objective 3.2.1c – By January 1, 2022 research will be completed around effective models for delivery of trauma informed care, based upon the setting where services and resources are being delivered by organizations.

Objective 3.2.1d – By January 1, 2024 at least 25% of organizations providing care will have adopted at least one policy and/or procedure which is trauma informed.

Strategy 3.2.2

Objective 3.2.2a – By February 1, 2020 complete research on best practices for collaborative county-wide communication and compile a list of successful models.

Objective 3.2.2b – By May 1, 2020 convene a committee of resource and service provider communications staff to develop the case for why alignment of resources through cross-organization communication is important to maximize benefits for residents, and to decide upon a recommended model for implementation.

Objective 3.2.2c – By September 1, 2020 convene community leaders to outline the resource and service needs of residents, along with how the recommended cross-organization communications model can better meet those needs, to obtain their support for implementation of the model.

Priority Issue 4

Strategy 4.1.1

Objective 4.1.1a – By March 1, 2020 begin offering education for school staff and parents on the misuse of prescription drugs, as well as the use of nicotine (both tobacco and vaping products), and any association with social determinants of health and/or mental health.

Objective 4.1.1b – By July 1, 2020 begin facilitation of conversations with critical partners concerning a requirement for identified underage users of tobacco products and vaping devices to attend an educational diversion class.

Objective 4.1.1c – By September 1, 2020 begin to offer education for teachers, parents and students about mental health, including the availability of mental health services, resources for patients and families, and emergency holds, as well as the role and relationship of prescription drugs and other substance use.

Strategy 4.2.1

Objective 4.2.1a – By July 1, 2021 all government agencies that issue retail tobacco licenses will have updated their ordinances to be in alignment with federal and state laws regarding the minimum legal age of sale for all tobacco products, electronic nicotine products and all other nicotine-containing consumer products not approved as cessation aids by the FDA.

Objective 4.2.1b – By January 1, 2022 all government agencies that issue retail tobacco licenses will have considered a ban on the sale of all flavored nicotine products, including conventional smokeless and smoked tobacco products, as well as electronic vaping products and all other nicotine-containing consumer products that are not approved as a cessation aid by the FDA.

Objective 4.2.1c – By January 1, 2023 all government agencies that issue retail tobacco licenses will have considered a ban on the sampling of all conventional tobacco products, as well as electronic vaping devices and all other nicotine-containing consumer products that are not approved as a cessation aid by the FDA, within all licensed tobacco retailer stores.

Objective 4.2.1d – By January 1, 2024 all government agencies that issue retail tobacco licenses will have considered setting limits on the number of retail tobacco licenses that will be issued by their agency.

Objective 4.2.1e – By January 1, 2022 all communities will have considered adopting a social host ordinance to hold property owners responsible for underage alcohol use.

Outcome Measures

In addition to monitoring and evaluating progress around the implementation of the CHIP through output measures at the objective level, we also explored where within the plan we might be able to have some meaningful outcome measures at the higher goal level. While the objectives are specific and therefore useful out***put*** measures, the goals are stated in much broader terms and therefore it was more challenging to identify meaningful out***come*** measures.

For some goals we were able to identify reasonable proxy measures to use in our evaluation of CHIP outcomes, as we had a county-wide baseline available and could obtain data on the same proxy measures in the future. If we did not have a good baseline measure for a goal area, we looked at whether we had the capacity to obtain one in 2020, which could then also be replicated in the future, and could serve as a meaningful outcome measure. Our different attempts to identify a good outcome measure were successful for five of the ten CHIP goal areas.

Most of the behavior and perception data are from adult residents. We are lacking good countywide data on youth for most measures. The greatest potential for good youth data is the Minnesota Student Survey, which is available for implementation every three years. However, only two of the four public school districts implemented the survey across all four of the eligible grade levels in 2019; one district implemented in two grades; and one did not implement the survey in any grade. CHIP activities implemented in some of these school districts will allow for comparisons in 2022, if the same grade levels are included in the survey, but not on a countywide basis.

We anticipate conducting targeted focus group activities as another method for informing and monitoring of our CHIP implementation activities for some of the goal areas (which could involve both youth and adults); however, without a countywide baseline measure the learnings from these focus groups will not be considered as one of the CHIP outcome measures. What follows in the charts below is a description for each of the goal areas where we identified an outcome measure.

Priority Issue 1

How do we ensure that everyone in Carver County has equitable opportunities to live and work in our communities, and feel that they belong, because of actions taken around critical elements that create health?

Goal 1.1

Make well-being a shared value by having conversations in the community about how health starts in our families; in our schools and workplaces; in our playgrounds and parks; and in the air we breathe and the water we drink.

Description: When a person feels a sense of belonging and acceptance, they have warm, trusting relationships with people who care for each other's well-being. They also feel that society is good or getting better, and that they have something to contribute. Further, they feel safe, comfortable and confident in expressing their ideas and opinions. If people feel that everyone belongs, then they might perceive that isolation and loneliness is uncommon.

Measures	Baseline Measurement	Future Measurement
	Source: Community Adult Health Survey 2018	Source: Community Adult Health Survey 2023
Item 10: During the past month, how often did you feel…		
that you had something to contribute to society?	Every day: 36.4%	
that you belonged to a community?	Every day: 35.2%	
that our society is a good place, or is becoming a better place for all people?	Every day: 14.8%	
that you had warm and trusting relationships with others?	Every day: 46.0%	
confident to think or express your own ideas and opinions?	Every day: 40.8%	
Item 29: How often are you in a situation where you do not feel accepted because…		
of your race, culture, religion or immigration status?	Never: 89.5%	
of your sexual orientation or gender identity?	Never: 97.6%	
Item 62: How much of a problem is this issue in your community…		
Isolation and loneliness among older adults?	Moderate–Serious: 47.1%	

Goal 1.2

Organizations will work together to meet the housing needs of all residents.

Description: When residents' housing needs are being met, the number who are experiencing a housing cost burden is low. They do not worry about not having enough money to pay their rent, mortgage or other housing needs. Specifically, the healthcare costs they encounter do not make it difficult to afford housing (or other necessities like food or transportation). If people's housing needs are being met in a non-burdensome way, then they might perceive that a lack of alternative housing options is uncommon.

Measures	Baseline Measurement	Future Measurement
	Source: Community Adult Health Survey 2018	Source: Community Adult Health Survey 2023
Item 14: In the past 12 months, has your household had healthcare costs that have made it difficult to pay other bills or afford necessities such as food, transportation or housing?	Yes: 16.1%	
Item 39: In the past 12 months, how often did you worry about not having enough money to pay your rent, mortgage or other housing costs?	Never: 72.5%	
Item 62: How much of a problem is this issue in your community…		
Lack of alternative housing options such as assisted living and adult foster care?	Moderate–Serious: 28.5%	
	Met Council (US Census Bureau ACS 5-Year Estimate) (data updated annually)	
Percentage of renters with a cost burden greater than 30% AMI	41% (2014–2018)	

Goal 1.3

Create relationships with the transportation sector to address the needs of the community, especially those who do not have access to personal vehicles.

Description: When a person has transportation challenges it may keep them from getting to jobs, shopping, or medical appointments. They may not get the medical, dental, or mental health care services they need. The opposite may also happen, where a person's healthcare costs make it difficult for them to afford necessities such as transportation (or food or housing). If transportation needs are being met in a community, people might perceive that a lack of transportation to healthcare services, or a lack of safe places to walk or bike, are not common problems.

Measures	Baseline Measurement	Future Measurement
	Source: Community Adult Health Survey 2018	Source: Community Adult Health Survey 2023
Item 6: Why did you not get or delay getting medical care…		
because I had transportation problems.	1.4%	
Item 8: Why did you not get or delay getting dental care…		
because I had transportation problems.	0.3%	
Item 13: Why did you not get or delay getting mental health care…		
because I had transportation problems.	1.6%	
Item 14: In the past 12 months, has your household had healthcare costs that have made it difficult to pay other bills or afford necessities such as food, transportation or housing?	Yes: 16.1%	
Item 38: In the past 12 months, how often did lack of transportation keep you from getting places where you needed to go, such as jobs, medical appointments or shopping?	Never: 90.9%	
Item 62: How much of a problem is this issue in your community…		
Lack of transportation to healthcare services?	Moderate–Serious: 13.6%	
Lack of safe places to walk or bike?	Moderate–Serious: 7.1%	
	Source: Metro Mobility, SW Prime and Non-Emergency Medical, Smart Link, We Cab (data available annually)	
The number of non-express service riders of mass transit		
Metro Mobility	10,310 (2019)	
We Cab	1,003 (2018–19)	
SmartLink	27,010 (2019)	
SW Prime	25,321 (2019)	
SW Medical	19 (Q4 2019)	

Priority Issue 2

How can systems be improved so the entire community can easily access and utilize all the culturally responsive resources and services which promote well-being?

Goal 2.1

Create a deeper understanding and appreciation within community organizations and businesses, for both differences and similarities, among the people they are working to serve.

Description: When organizations and agencies are working to serve a community with culturally responsive resources and services through easily accessible systems, people will not delay getting medical care, dental care, or mental health care because they felt nervous or afraid, out of fear of what others might think, or because they felt they would not be accepted.

Measures	Baseline Measurement	Future Measurement
	Source: Community Adult Health Survey 2018	Source: Community Adult Health Survey 2023
Item 6: Why did you not get or delay getting medical care…		
because I was too nervous or afraid.	10.8%	
Item 8: Why did you not get or delay getting dental care…		
because I was too nervous or afraid.	15.6%	
Item 13: Why did you not get or delay getting mental health care…		
because I was too nervous or afraid.	45.2%	
because I was worried about what others might think.	27.3%	
Item 29: How often are you in a situation where you do not feel accepted…		
because of your race, culture, religion or immigration status?	Never: 89.5%	
because of your sexual orientation or gender identity?	Never: 97.6%	

Priority Issue 4

How do we identify, address, and implement policy and practice changes that affect the underlying conditions around substance use?

Goal 4.1

Create a deeper understanding and appreciation for the underlying conditions around substance use, especially for nicotine and prescription drugs.

Description: About 40% of all cigarettes are smoked by those with depression, anxiety or other mental health conditions. Those who smoke reported a higher rate of having more than 7 days in a month when their mental health was not good. Treatment for mental health can also include smoking cessation services, which could lead to a reduction in the number of people who are smoking that have also been diagnosed with depression or anxiety.

Generally, smoking rates are higher among those with lower levels of income. In addition, smokers tend to have more healthcare issues, and therefore higher healthcare costs. A reduction in smoking rates could lead to a reduction in healthcare costs for smokers.

Measures	Baseline Measurement	Future Measurement
	Source: Community Adult Health Survey 2018	Source: Community Adult Health Survey 2023
Item 2: Have you ever been told by a doctor or other health professional that you had…		
Depression	37% of smokers	
Anxiety or panic attacks	34% of smokers	
Item 9: Thinking about your mental health, for how many days during the past 30 was your mental health not good…	More than 7 days: 22% of smokers	
Item 31: Do you now smoke cigarettes?	Yes: 11.2%	
Item 14: In the past 12 months has your household had healthcare costs that made it difficult for you to pay other bills?	Yes: 24% of smokers	

Plan Implementation

At its November 7, 2019 meeting, the Public Health Advisory Council decided to form Goal Area Action Committees as its method for implementing the 2020–2024 Carver County CHIP. With the ten identified CHIP Goals, spread across the four Priority Issues, it is anticipated that ten action committees will be formed to implement the activities outlined under each set of respective strategies and objectives for each goal. Some action committees may be combined if appropriate, and some will have a natural need to collaborate, since they share identical strategies and objectives for different goals.

Action Committees will be comprised of interested community members around a goal area, either as individuals or as a representative of an organization or agency. We anticipate identifying someone from the community to serve as the lead/coordinator of each action committee. Each committee will have a staff liaison from the Carver County Public Health Department, and if appropriate in some cases, this person may also serve as the action committee lead.

Nearly all the Council members who were involved in the development of the CHIP have volunteered to serve on at least one of the action committees. Additional action committee members will be recruited and welcomed to join in the implementation of the CHIP at any time during the plan implementation. As they move into implementation of the CHIP in 2020, everyone who serves on an action committee will be considered a member of the Council.

Purpose and Membership

The PHAC will serve as the communication and coordination hub for those involved in the goal area action committees to ensure a successful implementation of the CHIP. Meetings of the PHAC will be open to all active members of an action committee.

Through the PHAC, building of a community movement will continue for fulfillment of the PHAC vision: *Carver County is a safe and welcoming place where everyone belongs, all people are supported to be healthy throughout their lifespan, and everyone contributes to building a healthy, vibrant community.*

PHAC Meetings

Meetings will be held two times per year (May and November) to provide opportunities to hear about the activities and progress of each action committee, as well as to:

- Discover new opportunities for collaboration
- Obtain solutions to challenges
- Discuss any potential CHIP modifications

Outlook for the Future

The annual county health rankings from the Robert Wood Johnson Foundation has consistently ranked Carver County as the healthiest in Minnesota. There have been many factors that have contributed to this ranking, not the least of which has been a high median income, low poverty rate, strong educational system, ample parks and recreational opportunities, and quality health care. We also know that not all of our residents have benefited from or been able to take advantage of these resources. The future health of our county will be dependent on the assurance that *all* our residents can thrive and have equitable access to resources and services that maximize their opportunities for a healthy life.

Carver County is expected to grow in population size and diversity over the next five years and beyond. Ensuring that everyone can maximize their health and wellness across their lifespan will require a concerted effort from every community sector to value and prioritize the well-being of each other. The growing diversity and size will afford us expanded opportunities for innovation, community engagement, and creative solutions to address the changing and expanding health needs of Carver County.

The Carver County CHIP was developed for the health of all. It is a thoughtful guide for eliminating inequities to physical and mental well-being. By working together on the implementation of the plan, we can ensure that (1) those who currently have what they need to be healthy will see this maintained, and (2) those who are currently experiencing challenges will experience fewer barriers and new opportunities for access and utilization of services to improved their health – no matter where they live, work, learn, pray, play or shop.

Sincerely,

Richard Scott PHN, MPH, EdD
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